

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: BROWN ET AL.

SERIAL NO.: 10/579,622

FILED: MAY 16, 2006

TITLE: MUTANT VIRUSES

EXAMINER: SHIN, Dana H.

ART UNIT: 1635

CONFIRMATION NO.: 9395

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

POWER OF ATTORNEY BY ASSIGNEES

As assignees of record (Crusade Laboratories Limited, Reel 017898/Frame 0177 and Reel 017898/Frame 0181, recorded on May 16, 2006 and Sloan-Kettering Institute for Cancer Research, Reel 017896/Frame 0804 and Reel 017898/Frame 0190, recorded on May 16, 2006) of the entire right, title and interest of the application referenced above, we hereby revoke all previous powers of attorney given in the above-identified application.

We hereby appoint the practitioners associated with **Customer Number 25871** to transact all business in the U.S. Patent and Trademark Office connected with the referenced application and all continuations and divisions thereof.

Address all future correspondence and telephone calls to the address associated with **Customer Number 25871**, which address is:

Swanson & Bratschun, L.L.C.
8210 Southpark Terrace
Littleton, Co 80120

The undersigned are authorized to sign this Power of Attorney by Assignee on behalf of the assignees.

Executed at _____
On the _____ day of _____, 200__.

Crusade Laboratories Limited
By: _____
Name: _____
Title: _____

Executed at New York, N.Y.
On the 4 day of Jan., 2008.

Sloan-Kettering Institute for Cancer
Research
By: Gustave J. Bernhardt
Name: _____
Title: Gustave J. Bernhardt
Director
Research Resources Management

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RECEIVED
21 DEC 2007

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Appl. No. 10/579,622
Power of Attorney by Assignees

The undersigned are authorized to sign this Power of Attorney by Assignee on behalf of the assignees.

Executed at SAXTON
On the 13TH day of DECEMBER, 2007.

Crusade Laboratories Limited

By: Robert Slavin
Name: ROBERT SLAVIN
Title: LEGAL COUNSEL

Executed at _____
On the _____ day of _____, 200__.

Sloan-Kettering Institute for Cancer
Research

By: _____
Name: _____
Title: _____

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